

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	<u>Jimmie Lewis</u>		COURT CASE NUMBER	<u>CA 06 - 778 GMS</u>
DEFENDANT	<u>CHARLES BENTON</u>		TYPE OF PROCESS	<u>O/C</u>
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION / ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			<u>CHARLES BENTON</u>
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			<u>DCC 1181 PADDICK RD, SMYRNA, DEL 19971</u>
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:				<input type="checkbox"/> Number of process to be served with this Form - 285 <input type="checkbox"/> Number of parties to be served in this case <input type="checkbox"/> Check for service on U.S.A.
<u>Jimmie Lewis, SBI #506622</u>				
<u>Dcc 1181 PADDICK RD, SMYRNA, DEL 19971</u>				

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Fold

WORKS 8 TO 4

INFORMA PAUPERIS AS MENTAL
HEALTH COUNSELOR

Signature of Attorney or other Originator requesting service on behalf of:

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER
N/A

DATE
4/27/07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

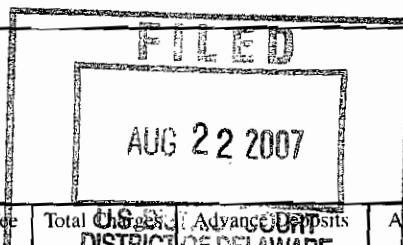
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
<u>Jimmie Lewis</u>					<u>5/1</u> <u>7-16-07</u>

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)



A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service Time am

8/21/07 pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Chrgs <u>0.00</u>	Advanced Deposits <u>0.00</u>	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	----------------------------	----------------------------------	--------------------------------	------------------

REMARKS:

Returned - Unknown

Not Executed